



LEGAL

*but
out of Reach*

Experiences from the
National Network
of Abortion Funds

Third edition

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ACKNOWLEDGMENTS

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National Network of Abortion Funds

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NATIONAL NETWORK OF ABORTION FUNDS

The National Network of Abortion Funds, an affiliation of local Abortion Funds, believes that the right to choose abortion is meaningless without access to abortion services. We oppose all efforts to restrict abortion rights and are committed to fighting for access to abortion for all women. All restrictions on abortion access and funding are discriminatory because they especially burden poor women, young women, women of color and rural women.

We believe that it is the responsibility of government to fund abortions, through Medicaid or within any national health care plan. At the same time, we believe that we must act now to support women who want abortions and cannot afford them.

Member Funds of the National Network of Abortion Funds provide financial assistance and support to women seeking abortions.

The National Network was created for the following purposes:

- ▶ To facilitate networking and provide mutual support for existing Funds;
- ▶ To do outreach and provide support for the creation of new Funds;
- ▶ to explore new ways to meet the immediate funding needs of women;
- ▶ To engage in coalition work at the national level on issues of access to abortion, reproductive freedom and health care, with a special emphasis on funding.

NNAF FUNDING SOURCES

Educational Foundation of America, Haymarket People's Fund, Ms. Foundation for Women, Jessie Smith Noyes Foundation, Open Society Institute, David and Lucile Packard Foundation, Resist, and Fund for a Just Society.

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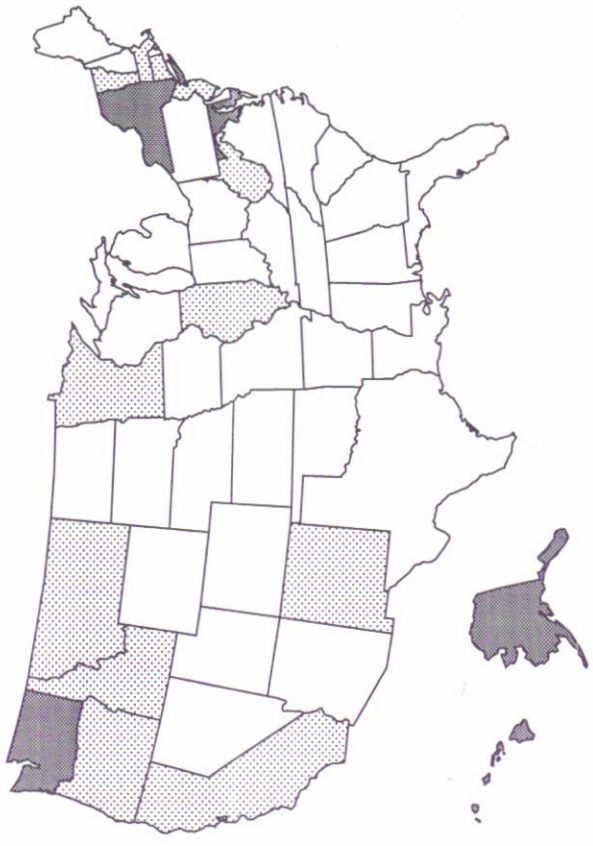
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Portrait of Injustice
Abortion Coverage under the Medicaid Program



■ States that voluntarily provide funding for low-income women's abortions for health reasons
▨ States that provide funding by court order for low-income women's abortions for health reasons

Abortion in the U.S. Today, Legal But Inaccessible

by Marlene Gerber Fried

"Mary" calls from South Dakota asking if we can help. "Susan," her seventeen-year-old daughter, is pregnant. The man involved is the father of Susan's two-year-old child, but she has a restraining order against him. She is in her second trimester, and the one clinic in their state does not perform abortions after the fourteenth week of pregnancy, so she will have to travel to Kansas, 1000 miles away, to have the abortion. They have tried, but they cannot raise all the money needed for the trip and the procedure. The man's mother could contribute, but she is pressuring Susan to have the baby and give it to her to raise. Mary is worried and scared. She is also angry. Before she got to us, she had called many agencies and pro-choice organizations and had not found any resources for women and girls in her daughter's situation.

Susan was out of options, and running out of time. At NNAF we get many calls like this one from women all over the United States: women in prison, young women, women who have been raped, women who are undocumented, women without resources.

Fortunately "Susan" was helped by several of the funds in the National Network of Abortion Funds who worked together to raise the \$2000 she needed. Unfortunately, though these groups spent over a million dollars in 1996 assisting 7000 women, the need is far greater. A tremendous gap has been left because public funding for abortion is not available in most states.

While the question of the basic legality of abortion has been settled – at least temporarily – the question of accessibility has not. The contemporary struggle for abortion rights is over the legal conditions under which it will be available and the restrictions which limit its accessibility. There have been many losses in access to abortion. Since the victory of *Roe v. Wade* in 1973, millions of women have experienced the "right" to abortion as just an empty promise. Lack of government funding, decreases in available services and providers,

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Women of Color Partnership Program
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ORGANIZATIONS TO CONTACT FOR MORE INFORMATION ABOUT ABORTION ACCESS AND REPRODUCTIVE RIGHTS

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violence towards and harassment of clinics and clinic personnel, and legislative restrictions such as parental consent laws and 24-hour waiting periods effectively eliminate the abortion rights of women like Susan. Every day, activists working in grassroots abortion funds deal with the consequences of these erosions in abortion rights.

Although legal abortion is one of the safest surgical procedures in the US today – a first trimester procedure is comparable in risk to a tonsillectomy – and although it is relatively inexpensive compared to other surgical procedures, it remains out of reach for tens of thousands of women annually.

Lack of funding is central in abortion access. The Hyde Amendment, which prohibits federal Medicaid funding except in cases of life endangerment, has been passed every year since 1976. Abortion is the only reproductive health care service for which Medicaid does not pay. Exceptions for rape and incest were added in 1993, only after a long battle. Even this minimal "liberalization" was resisted by the states and had to be fought in court. Most states followed the lead of the federal government in Hyde by cutting state funds as well. As of December 1996, only eighteen states provide coverage beyond these narrow exceptions.¹

Before Hyde, the federal government paid for about one-third of all abortions – 294,600 in 1977; after Hyde, it paid for virtually none. The impact on low-income women has been devastating. For some, denying coverage for abortion services is the same as banning it outright. It is conservatively estimated that one in five Medicaid-eligible women seeking an abortion is unable to obtain one. The average cost of a first trimester abortion is \$250, nearly two-thirds the amount of the average maximum monthly AFDC payment for a family of three.² To pay for an abortion, Medicaid recipients are forced to divert money from other essentials such as food, rent and utilities. The search for funding compromises women's health by delaying their abortions.

Lack of funding compounds other barriers to access. The number of abortion providers (hospitals, clinics and physicians' offices) has declined since the 1980s,³ and services are very unevenly distributed. Nine in 10 abortion providers are now located in metropolitan areas; about one-third fewer counties have an abortion provider now than in the late 1970s. Ninety-four per cent of non-metropolitan counties have no services. One quarter of women having abortions travel

more than 50 miles from home to obtain them.⁴

In 45 states the number of providers has gone down, as have the opportunities for training – only 12% of ob/gyn residency programs require training in first trimester abortions. It is the most common ob/gyn surgical procedure in the U.S. today, yet one-half of ob/gyn residents have never performed one. Only 7% of residency training programs require training in second trimester procedures. Many hospitals do so few abortions they could not be appropriate training sites.

Anti-abortion violence and harassment aimed at doctors and medical students contribute to this situation. Clinics and individual providers have been targets of violence since the early 1980s. Over 80% of abortion and family planning clinics have experienced severe anti-abortion attacks. These include death threats, stalking, chemical attacks such as with butyric acid, arson, bomb threats, invasions and blockades. In three separate incidents, five clinic workers (two doctors, a volunteer escort and two receptionists) were murdered at abortion clinics.⁵

The anti-abortion movement has also used the funding issue to further its broader political objectives. Battles over abortion funding have been opportunities to consolidate the opposition to abortion, draw in new supporters, and build support for other restrictions.

These battles have played a significant ideological and symbolic role as vehicles for asserting moral disapproval of abortion. Withdrawing public funding for abortion has not been about saving dollars. The joint federal-state Medicaid program covers every other pregnancy related service, all more costly than funding abortion. The denial of funding contributes to the stigmatization and isolation of the doctors who perform abortions, the women who seek them, the hospitals and clinics where they are provided and, ultimately, abortion itself. Today, even many supporters of abortion rights define abortion as a necessary evil. The pro-choice President Clinton describes his position in terms of a commitment to keeping abortion safe and legal, but to making it rare. In the effort to ban a specific late abortion procedure, intact dilation and extraction (D & E), voices on all sides portray second and third trimester abortions negatively. Unfortunately, the pro-choice movement decided to fight the proposed ban without highlighting the women most affected – low-

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P.O. Box 4595
East Lansing, MI 48826

Preterm Cleveland
12000 Shaker Boulevard
Cleveland, OH 44120

Abortion Assistance Fund
P.O. Box 5082
Charlottesville, VA 22905

Pro Choice Resources/
Hersey Abortion
Assistance Fund
3255 Hennepin Ave.
South #255
Minneapolis, MN 55408

Fund for Choice
PP Susquehanna Valley
1514 N. Second Street
Harrisburg, PA 17102

Women in Need Fund
VA League for PP
1805 Monument Ave.,
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Richmond, VA 23220

Bozeman Choice
Advocates
1615 Bridger Street
Bozeman, MT 59715

Vivian Campbell Fund
Women's Health Services
221-225 5th Avenue
Pittsburgh, PA 15222

Women in Need Fund
Feminist Women's
Health Center
4300 Talbot Road South
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Abortion Loan Fund
PP of New Mexico
1804 Carlisle N.E.
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Greater Philadelphia
Women's Medical Fund
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Philadelphia, PA 19102

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Morganton, NC 28680

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Women's Medical
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Fund for Women
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Women's Health &
Education Fund
P.O. Box 5863
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Options Fund
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Eau Claire, WI 54702

Women Have Options
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Granville, OH 43023

J. Paschall Davis Fund
PP of Middle Tennessee
95 White Bridge Road,
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Nashville, TN 37205

Freedom Fund, Inc.
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Marshfield, WI 54449

Abortion Loan Fund
PP of Northwest Ohio
1301 Jefferson Street
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Jim Wimberly Loan Fund
PP of Austin
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Austin, TX 78702-2097

Women for Women
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Lander, WY 82520

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Jackson Fund, Inc.
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The Rosie Project, c/o
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Emergency Medical Assistance, Inc.
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New Orleans, LA 70115

Access/
Coalition for the Medical Rights of Women
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San Francisco, CA 94110

Abortion Rights Fund of Western Massachusetts
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Hadley, MA 01035

Freedom Fund
First Universalist Church
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Denver, CO 80222

Jane Fund of Central Massachusetts
P.O. Box 562
Holden, MA 01520

Boulder Valley
Women's Health Center
2855 Valmont Road
Boulder, CO 80301

SAFE (Safe Abortions for Everyone)
P.O. Box 1305-123
Brunswick, ME 04011

Delaware Pro-Choice Medical Fund
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Wilmington, DE 19809

Fountain Street Church Choice Fund
24 Fountain Street NE
Grand Rapids, MI 49503

income and young women who have later abortions because they could not gain access earlier.

The same mentality that has characterized anti-abortion offensives can be seen in the demonization of unwed mothers, especially teens, who have become the scapegoats for most social ills. "Welfare reforms" — such as "family caps" (child exclusion policies), coerced contraception, workfare, and the absolute termination of welfare if a minor is unmarried — are just the other side of the abortion restriction coin.

Until recently, the strategies of the major pro-choice organizations have not reflected this understanding of the connections between abortion access and abortion rights. Advocacy efforts focused primarily on the legal right to abortion, virtually ignoring all aspects of obtaining and providing abortion services. That terrain was left to the anti-abortion movement, which successfully appropriated issues regarding quality of services, women's experiences of abortion, direct services to assist pregnant women and even adoption.

Abortion Funds fill a significant gap in pro-choice strategies. They offer direct political resistance to the erosion of low-income women's rights by unequivocally advocating for access to abortion and by offering a form of political action which was a central element in the fight for legalization of abortion.

Funds also provide a powerful response to the constellation of fear, shame and guilt in which the anti-abortion movement shrouds abortion. The very fact that these funds exist makes a significant political statement. It says that advocates of abortion rights will not allow the most vulnerable women to be the political pawns of the anti-abortion movement. Most important, it says that the lives of low-income women have value.

This booklet gives us a glimpse into those lives. It shows us why a poor woman has an abortion — she may be unable to take care of herself and the children she has; she may be battered; pregnant from rape or incest; ill and suffering complications with the pregnancy; a drug or alcohol user; homeless; trying to finish school or not in a relationship which can support parenthood. Like all women who have abortions, poor women are trying to do their best for themselves and their families, and their decisions are based on the circumstances of their own lives.

These stories were selected to demonstrate the different barriers to

access faced by low-income women. While lack of funding is key, the women here have multiple problems leading them to their decision. The National Network of Abortion Funds does not believe that women seeking money for an abortion should have to justify themselves to us. Our funds do not evaluate a woman's reasons for wanting an abortion; women seeking assistance have only to demonstrate financial need.

We are publishing these stories not as justifications, but because we believe the voices of women currently being denied the right to safe, legal abortion must ground the abortion debate. The women who need our funds have little power or access to those making policy decisions. Low-income women are the least likely to be heard in the public debate over abortion, yet it is their lives which are affected most immediately by restrictions. We hope these stories will help convince legislators, judges, and the general public that poor women deserve the same abortion rights as women with money.

We need these voices to combat an opposition whose strength lies in the ability to make women invisible. And we need them to remind ourselves that this really is a fight for women's lives. These stories reignite our rage. Working with these women inspires our activism.

¹ *Induced Abortion*, The Alan Guttmacher Institute, January 1997. Even in states with Medicaid funding, many women are left out because of increasingly stringent eligibility requirements.

² Donovan, Pat. *The Politics of Blame: Family Planning, Abortion and the Poor*. The Alan Guttmacher Institute, 1995. Donovan also points out that even before Hyde, not all women in need of subsidized abortion services were able to obtain them. An estimated 133,000 Medicaid eligible women were unable to obtain a publicly funded abortion because the services were not available or accessible to them or because the states had policies prohibiting coverage.

³ Frye, A., Attrash, H.K. and Lawson, H.W., et al. 1994. "Induced Abortion in the United States: a 1994 Update." *Journal of the American Women's Medical Association*, 49(5): 131-136.

⁴ Henshaw, S. 1995. "Factors Hindering Access to Abortion Services." *Family Planning Perspectives*, 27(2): 54-59, 87.

⁵ In 1993 Dr. David Gunn was murdered by Michael Griffin in Pensacola, Florida. In 1994 at the same clinic, Dr. Bayard Britton and clinic escort James Barrett were murdered by Paul Hill. In 1994 in Brookline, Massachusetts, Shannon Lowrey, a clinic receptionist at Planned Parenthood and LeeAnn Nichols, a receptionist at nearby Preterm Health Services, were both murdered by John Salvi.



THE NATIONAL NETWORK OF ABORTION FUNDS WHO WE ARE

The National Network of Abortion Funds is a growing association of grassroots abortion funds from all over the U.S. Created in 1993, the Network currently has 46 member funds in 26 states.

The Network facilitates networking and provides mutual support for existing funds; explores new ways to meet the immediate funding needs of women; engages in coalition work at the national level on issues of access to abortion, reproductive freedom and health care, with a special emphasis on funding; provides a mechanism for aiding women seeking abortions in areas where no Fund organization exists; and provides visibility and a voice for women currently being denied their right to a safe, legal abortion.

Member funds all provide direct financial aid in the form of loans and/or grants to low-income women and girls seeking to terminate an unwanted pregnancy. Individual funds provide additional assistance for a variety of associated needs including pregnancy testing, ultrasound, child care, transportation and lodging, as well as information and referrals.

Funds serve women in limited geographic areas and draw their funding from these communities as well. Budgets range from \$500 to over \$150,000. By 1996, Funds were assisting 7,000 women a year with a combined total of over one million dollars.

get the money together. By that time I was 19 weeks. I raised half the money, and the Fund in Bozeman gave me the rest and convinced a doctor, in a place three and a half hours from our home, to do it past his usual limit. But the night before, I started to bleed and passed out. My husband and kids were out in the fields calving. My father found me and rushed me to the hospital. I only know the rest from what my doctor and others told me. At the hospital, they gave me transfusions but they refused to empty my uterus, which was the only thing that would stop the hemorrhaging. The hospital administration wanted to air lift me to Salt Lake City, where they can treat severely premature babies, even though mine would never survive at only 19 weeks. My doctor finally convinced them to give me

I am angry at what I had to go through. At every step, the life of the fetus was more important than my own life...even when I'd lost every drop of my own blood, even though they all knew it would die eventually.

pitocin to induce labor. Five hours later, I came to but I was still bleeding full out. My doctor wanted to do a C-section but I refused; finally I delivered the fetus. It had died and it was very malformed. It took me months to recuperate at home.

I am angry at what I had to go through. At every step, the life of the fetus was more important than my own life. I'm angry that my own doctor wouldn't do the abortion. Why should abortion be separate from any other medical procedure? I'm angry that the hospital wouldn't let me have an abortion, even with my risks and medical condition! I'm angry that even when I'd lost every drop of my own blood, they thought the fetus' life was more important than mine, even though they all knew it would die eventually.

I'm angry and I'm lucky to be alive.

Saieda

My name is Saieda Davis, I'm a 17-year-old mother and a student. When I found out that I was pregnant in August of last year, I knew that I wasn't ready to have another child. I'd had several problems with the pill, and had skipped using condoms once, so now I was in this situation. I knew that an abortion was the right decision at that time, but had no idea where the money was coming from. I had just started a new job that I didn't want to lose, and was transferring to a new school in the fall. I knew that I would love my baby, but that doesn't mean that I could afford to raise her or him. My mother had just completed a 13-month drug rehabilitation program, and was trying to get custody of myself and four siblings. In the end, my mother was able to help pay for the abortion that I needed with money that she had been required to save in rehab. The rest of the money came from the Women's Medical Fund. If Medical Assistance had covered this abortion, my mother could have kept the savings that she needed to start over. The government that complains so much about women on welfare that keep having babies did nothing to help us.

When I started that school year I realized that I had made the right decision in not having another child. My grades had gone down with my first pregnancy, but now I had a chance to improve them. And I did! I was going to school everyday now, and getting A's and B's - I was even doing well in Math (which in the past I had always failed). I started thinking about different career choices, like criminal law and journalism. I still haven't decided between the two, but I know that I'll do one or the other.... I'm determined to finish school and follow through with my dreams.



April

I am the mother of four children, 5, 7, 12 and a 16-year-old girl. I'm writing because no mother or her daughter should go through what we went through – what my daughter still has nightmares about.

My daughter April came to me when she was pregnant. After she missed her period twice, I became worried and we talked. I got one of those home tests and well, she was pregnant. We both decided she wasn't ready and I couldn't take on another kid. So we looked through the phone book and found a place called "Crisis Pregnancy Center." They were very nice on the phone and said "oh yes, come in, we do abortion counseling, free testing and after-abortion counseling!"

So the next day we went together. They gave her a test just like the one she used at home and they said it would take an hour, which seemed strange to me, but I figured maybe this test took longer because it would tell them how pregnant she was. Then they asked us what we wanted to do, and my daughter and I said we decided the best thing for her to do was have an abortion and how much would that cost? The two ladies said "please wait a minute" and left us – I figured it was to get us some information. But they came back with a doll and scissors. Now this doll was one of these black cabbage patch dolls and the scissors were big and sharp. The ladies got mean-looking and handed the doll and the scissors to my daughter and said: "this is what your baby looks like now and we want you to start cutting her up because that's what will happen if you get an abortion – so start cutting!" I was so shocked I couldn't move for a minute and my daughter looked so sad and then she started screaming. Well, this brought me around real fast and I grabbed her and threw the doll at those ladies and got her out of there fast! I later found out it wasn't a real clinic

will force her to carry to term. Sally qualifies for Medical Assistance, but the state only allots \$100 of Medicaid funding, and providers in this area will not accept this small amount.

At nine weeks, Sally's fee is \$250 – that's with a low-income discount from the clinic. She has \$50. WRRAP's grant of \$100 makes it possible for her to have a first trimester abortion. That may not seem like a lot, but to her, it is the beginning of taking back her life. She deeply thanks you and so do I.



Janet

My husband and I are ranchers. I was 45 years old when this happened. We have five children, and my parents live on our ranch also. We work hard, but since the multinational companies have taken over so much agriculture, it's hard to make a living wage. It helps to get Medicaid. I've had a rough year, I'd been feeling ill for a long time, stopped getting my period and gained a lot of weight. After many trips to the doctor – we are 45 minutes from town – I was diagnosed with Lyme disease.

Last fall, my husband and I were repairing our roof when I fell 16 feet off a ladder. I felt a "goosh" of water, and seemed like the same feeling as when my water broke when I'd had my kids. I made an appointment to see my doctor, and a week later he said I was 17 weeks pregnant. The ultrasound showed that there was no amniotic fluid left in the sac, but that the fetus' heart was beating. The doctor said that it wouldn't survive, and that my medication for Lyme disease was known to cause birth defects. Because he'd delivered my kids, I trusted him and asked him to do an abortion. He said that even though he knows how and is pro-choice, he couldn't, because his hospital won't allow them. He wished me luck, and warned me to get to the hospital fast if I started to hemorrhage, as I did with my last three pregnancies. The last one was so bad I almost died. The hospital is an hour and forty minutes from our house.

Montana Medicaid doesn't pay for abortions, so I tried to

Barbara

Barbara was a 20-year-old mother of two when she became pregnant again. She went to her doctor for prenatal care early in the pregnancy, and was offered a routine test for HIV. She found out she was positive, had her children tested and they both came up positive as well. She worried about developing AIDS and leaving her children motherless. She also feared that she might pass on the HIV virus to the fetus, as she had, unknowingly, to her two young children. Her physician warned that her immune system might be too weak, such that it would endanger her own health to carry the pregnancy to term. Barbara was stunned to realize that Medicaid would pay for delivery and future medical problems but would not pay for an abortion!

Sally

I am a caseworker in a family planning clinic in Traverse City in northern Michigan. Each day, several times a day our family planning clinic talks to poor women who are faced with the daunting task of trying to come up with funds to terminate a pregnancy... I shudder when I hear myself ask a woman, "Can you pawn anything, can you let your electric bill slide?" Truly, I don't know what many of these women would do without WRRAP's assistance.

Sally is 28 years old and the mother of 5 children. She is recently separated from her husband because of his physically abusive behavior. She came home from night school to find her ex-husband in her home and drunk. He raped her, saying that his new girlfriend can't give him children. She was very shaken up by the rape but unwilling to press charges. She is afraid that if he finds out she is pregnant with his child that he

after all, which just makes me so mad.

My daughter cried for days, couldn't sleep or eat. Well, it took four weeks altogether, plus the school counselor and school nurse who taught her about just how big her baby was and that an abortion wasn't like scissors...she was so scared. With the correct medical information, April decided that she did want to have an abortion.

But we had another problem because now April was 14 weeks pregnant and I couldn't afford it. See, I raise my kids alone and work two jobs, but I only had enough money for a first trimester abortion. The school nurse explained to me that up to 12 weeks the abortion costs \$275, but after that it goes up every week. They told me I would need another \$200. Well, I can't tell you how hard it was to get \$275 together, she might as well have said another \$2,000! I called the National Abortion Federation and was told that the abortion funds in Texas were out of money.

NAF told me about the Women's Reproductive Rights Assistance Project (WRRAP), a fund that helps women and girls all over the country. The clinic called them for me. I prayed all that night.

The next morning the clinic called to tell me that the

WRRAP fund had \$200 for us and we could come in tomorrow! I got off the phone and cried and thanked God for these people I never met. I know this decision was hard for all of us, but I know as a mother it was the right choice. April is only 16 and still in high school. She needs to grow up herself first. I sent WRRAP a thank you card from me and April along with \$10 dollars to use for someone else's daughter. I pray no one else's child ever has to be handed a doll and a scissors and I also pray that WRRAP will be there the next time someone else's mother has nowhere else to turn.

*I sent \$10 for someone
else's daughter...
I pray no one else's
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and scissors...*

Rose

I don't know where else to turn. I have a very fixed income and am supporting five children. My boyfriend has disappeared. I feel if I have this baby, I will lose a relationship I am trying to rebuild with my 13-year-old daughter. I am also trying to get started in school to get off of AFDC, and I'm already a single mother – divorced after 9 years.

Consuela

My fiance and I, we sat down and discussed our options. We both have financial aid. I'm in college now, and of course that pays off in the end, but I'm not going to have the time, the energy or the money to finish if I have a baby. If I have an abortion, it may seem like a selfish thing to some people, but what kind of life is the child going to have really? I don't have money for doctor's bills or for taking care of a baby, and I don't want to sit home on welfare.

I live with my mom. How can I go to her and say, "Mom, I'm pregnant and I need some money for an abortion. Can you help me?" She's really struggling financially. Our refrigerator broke down and we can't afford to buy a new one. It's been like that for a couple of months.

I started asking for help and I got nowhere. Finally, I got referred to the abortion fund. It was like, "these people are actually willing to help me!" And I did have some money; it's not like I was expecting a handout, or for someone to pay my way. It wasn't like that at all.

kids asked me not to have another baby, because my older son was getting upset, he had to babysit a lot. I couldn't afford day care – it's \$240 – even to look for another job.

I ended up on welfare after I had my last child. He was premature; he has cerebral palsy and is blind in one eye. They told me I could take a six-week leave and they'd hold my job for me. But when I tried to go back, the company only had jobs in [suburban towns] that were two, three hours from my home by public transportation. Having a child with special medical needs meant that if something went wrong I had to be able to get home quick.

In the '80's I had an IUD, but then it had to come out and I couldn't get another one. I tried the pill, but I developed blood clots and the doctor told me I had to stop. I tried to make my husband use condoms, but he wouldn't. I was so afraid I'd get pregnant again, and it happened. I just felt like my life was going downhill...like I was going to become one of those permanent welfare recipients, never getting off and never getting to do those things in life that you hoped to do. I felt that my life would be ruined; I *had* to have an abortion and I had to have the money to do it.

Just as strongly as I fought at age 17 – when my mother tried to make me get an abortion and I told her if she made me, I'd run away from home, and I signed myself into a birth center and had my baby – just as strongly as I fought then to have my baby, I'll fight now for my right to have an abortion. People have the right to choose. Pro-lifers put out that people who are pro-choice are anti-having babies, and that's not what it means. It means we believe in having a choice and making the decisions about what to do with our lives: to have children if we want to have them, and not to have them if we don't feel that we can take care of them and provide for them.

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Diana

Diana was a 19-year old honor student at college who was referred by a classmate who had been helped earlier by the Fund for Choice herself. Diana had been date-raped by a "friend" a month earlier. She didn't report the rape to authorities because the man and his girlfriend threatened her. At this time she was more concerned about contracting a sexually transmitted disease than being pregnant. She was upset when she arrived, but became hysterical when her pregnancy test was positive. It took four of us to calm her down. She couldn't go to her parents because her dad was a very strict minister, both parents were pro-life and she said they would probably blame her. She said that there was no other option for her but an abortion, but she didn't know where or how to get the money. She didn't want anyone but her girl friend to know. The Fund for Choice [in Harrisburg, Pennsylvania] paid for the entire procedure.

Recently, Diana sent me a Christmas card, along with a \$25 donation. She and the friend who stuck by her are in their senior year of college and are student teaching.

— family planning clinic worker and volunteer

Marsha

One of the reasons I decided to have an abortion was I'm in college. I want to become a lawyer. I already have three kids, an infant at home. Having another baby would mean my education would be put off longer, and I'm only nine credits away from graduation. I could start working as a paralegal. My husband, it turns out, was having an affair, and he started to get really abusive; I finally had to get a protection order. My

Denise

Denise was just a couple of weeks into her prison sentence when she realized she was pregnant. Ironically, in the year between her arrest for D.U.I. and the sentencing, she had been in an intensive alcoholism treatment program, stayed sober and managed to keep down a job. Now she was in a county women's jail without any treatment program. At 37, Denise had not wanted children and felt it was a terrible time in her life to think about being a mother. She told the prison health services company that she wanted an abortion; they said they could not provide one.

The warden called a women's rights lawyer to inquire about the prison's responsibility to fund the abortion, and was told that a court decision required them to provide it, as with any other medical service. The warden made an abortion appointment for Denise at a nearby clinic, gave her the telephone number for the local abortion fund, and prohibited her from telling them that she was a prisoner. She then released Denise with an electronic bracelet for 7 days, told her to get the abortion on her own, and scheduled the time she would be picked up and returned to jail. At first Denise did as she was ordered, but when the Fund expected her to raise some funds on her own, she admitted the situation.

Denise was afraid that if she talked to a prisoners' advocacy organization, the warden would retaliate by making her life hell for the remainder of her sentence, and she wanted to be released early for good behavior.

The warden prohibited her from telling that she was a prisoner, told her to get the abortion on her own, and scheduled the time she would be returned to jail.

Amy

Amy was a streetwise 17-year-old mother from West

Philadelphia. She had been living with her grandmother for the last three years because her mother was in prison, but their relationship was strained. Her toddler lived with his other grandmother. When she became pregnant again, Amy knew that she could not get an abortion with her medical card. She had no way of raising hundreds of dollars for an abortion. In

No doctor at the Catholic hospital would sign for her to have an abortion under the "life-threat" exception to the Medicaid abortion ban.

desperation, Amy drank a bottle of rubbing alcohol, thinking it would cause a miscarriage. She was taken to the burn unit of a nearby hospital. While still in intensive care, Amy said that she would try again to self-abort as soon as she got out of the hospital, and would do whatever it took, no matter how self-destructive.

Although privately sympathetic, no doctor at the Catholic hospital would sign for her to have an abortion under Pennsylvania's "life-threat" exception to the Medicaid abortion ban. A nurse on the night shift put her in touch with the Greater Philadelphia Women's Medical Fund, which paid the full fee for Amy's early abortion.

procedure. The day before, her husband had found the money and demanded to know why it was hidden and what it was for. Ann told him she had been saving it for Christmas gifts. He took the money and said he would hold onto it until they went holiday shopping. Ann found herself with no money to pay for an abortion.

Our Fund [in Eau Claire, Wisconsin] was low on money and could only afford to give Ann a \$225 loan, but she needed \$400. I called the Hersey Abortion Assistance Fund in Minnesota and the WRRAP Fund in California, and together they gave her the last \$175. Then I called and negotiated with the clinic where Ann had an appointment. The clinic staff stated that they would waive any fees if Ann's costs were more than \$400.

We haven't heard from Ann since she had the abortion. Even if she is never able to repay this loan, we can feel good about helping a woman in need. Hopefully by exercising her own will in getting the abortion she wanted, Ann took one step toward regaining control of her life, and her happiness.

Tammy

Tammy's doctor discovered that the fetus she was carrying had a severe abnormality that could result in stillbirth or – at most – make it impossible for the child to survive more than a few days. Tammy and her husband decided a therapeutic abortion was the proper choice. However, they were financially unable to handle the charge for the late abortion. Wisconsin will not pay for an abortion under any circumstances regarding the fetus, including disabilities as severe as brain death. The Women's Medical Fund paid a significant portion of this very expensive procedure.

Ann

Ann was 27, married, had a 7-year-old child, and was 12 weeks pregnant. I was the Options Fund volunteer who was doing intake that month, and am telling Ann's story for her. For reasons which will soon become clear, we cannot ask Ann to tell it herself. Ann came to my job site to do the intake interview. She told me that her husband physically and emotionally abused her, and that he did not know about the pregnancy. I could not

contact her at home because her husband was very suspicious and she was afraid of what would happen if a stranger called for her. Ann also said that she could not make calls to clinics or abortion funds from her rural Wisconsin home, since her husband monitored their long distance bill closely. She told me that she had agonized over her decision, coming to the conclusion that having another child would only make her more financially and emotionally dependent on her abusive husband.

and emotionally dependent on her husband and that she desperately wanted to leave him. She felt that having an abortion was the right decision for her and her son.

After Ann and I talked about her situation, she used my work phone to call and schedule an abortion appointment. Ann worked part-time to help make ends meet, and since finding out she was pregnant, she had been hiding a little money from each paycheck in the top of a potpourri jar, planning to save enough money to pay for the first trimester

Edith

Edith was a 15-year-old who called the Chicago Abortion Fund for assistance in the 16th week of her pregnancy. Still in high school, Edith had no financial resources. The father – only 16 himself – said he wanted her to continue the pregnancy and refused to help. Edith lived with her mother, who was ill and was already supporting two other children on public aid. Because they had recently had their electricity turned off, Edith knew there was no money for an abortion. She did not want to tell her mother because she knew this would cause her a great deal of stress. She was able to borrow a very small amount of money from her friends. She'd scheduled three abortion appointments, postponing each time because she hadn't been able to raise the necessary funds. She was becoming more and more frightened.

Tina

Tina had one child and was living in government subsidized housing. With the help of a supportive friend, she had ended a physically abusive relationship. Her ex had threatened to harm her and her daughter; she lived in fear that he would act on the threat. The decision to abort the pregnancy was difficult for her, but she knew he would never leave her alone if she had his child. Tina felt that it took all her strength to make those decisions – discovering that she had to come up with money for the abortion as well made her feel hopeless. Still, she persevered and found an abortion fund. Ending the pregnancy enabled Tina to make a clean break from her former partner.

Suzanne

Suzanne was a married mother of two who was preparing to go back to work now that her younger child was ready for daycare. She was raped, and blamed herself for having been careless. Shortly afterwards, she saw the man at the supermarket and became completely traumatized, afraid to leave her house again or tell anyone about it – even her husband, who seemed satisfied that she just wanted to stay home with the kids. After two months, she knew she was pregnant but didn't dare carry the pregnancy to term, in case it was the rapist who

*As an unmarried
teen she had
placed a child for
adoption and
struggled through
a long depression...*

made her pregnant. She was afraid her husband would reject her because of the rape, and her family – all strict Roman Catholics – would condemn her for seeking an abortion. If she used their health insurance through her husband's job, he would find out.

Suzanne contacted the Women's Medical Fund, which arranged for her to have some counseling with a rape crisis

worker. The rape counselor accompanied her to the clinic. A couple of months later, Suzanne got the courage to tell her mother and sister what had happened. She was surprised and relieved when they told her she'd done the right thing. Ten years earlier, as an unmarried teenager, Suzanne had placed a child for adoption and struggled through a long depression before she put her life back together. Her sister and mother said they knew their church's answer, adoption, was not the right answer in every case.

Madhu

Madhu went to the doctor because she felt ill, but had never missed a period and had been taking birth control pills faithfully. Now she was being told she was four months pregnant, an abortion would cost \$1800, and she had a week to raise the money.

Madhu and her new partner had recently moved to a small town in the Northwest. They had used all their savings on the security deposit on their apartment. He managed to get a small bank loan, but altogether they could raise only \$600. She began calling pro-choice organizations to ask for assistance, starting with her local Planned Parenthood. Because she was in a state that covered abortions on Medicaid, she was referred to the state department of social services. They told her she would have been eligible, but they could no longer serve "aliens." Her previous marriage to an American had ended, and the divorce had become final several weeks before. She never expected that as an immigrant and long-time resident, she would lose all access to a safety net.

Madhu kept trying, and was referred to a series of Washington, D.C.-based advocacy organizations, each of which said they did not know of any abortion funding, and referred her to another. She even called Bristol-Myers, maker of her birth control pills – since the pills had not only failed her, but masked the normal indications of pregnancy – but they said she was "one in 100" and they could not help. Three days and a dozen long-distance calls later, she heard about an abortion fund back East. That fund contacted the ACCESS Fund in San Francisco, which had experience helping migrant workers. The ACCESS worker called a feminist women's health clinic on Madhu's behalf, and negotiated a much-reduced fee and payment plan just in time.




Jo

To bring another child into a home where my husband [a carpenter's assistant] had lost his job, we weren't even getting compensation... I hoped to start working at my daughter's school. I thought, I don't want a baby. I want to make the life for my three kids better.

After a month, I could only raise \$30. I was really scared. My sister kicked in \$50, but I needed \$200. The Abortion Fund gave me the rest.

I'm still on welfare, but I do work three hours a day now, and I go to school at night for my teacher's aide certificate. I love my kids with all my heart, and I knew that my situation did not call for having another child. I went with that.



Ericka


Ericka found out about the Chicago Abortion Fund after she called a local clinic in desperation and begged them to help her. At 16 weeks, she had already tried methods she'd heard about: two bottles of tetracycline, a bottle of NYQuil. When neither of these two worked, Ericka tried to use a coat hanger. Now in the second trimester, she needed more money than she could ever hope to raise on her \$355 a month public assistance. A 19-year old single parent with two children, she lived on her own without help from her family. CAF gave her the bulk of what she needed, so she would not have to use her rent and utility money for the abortion.



Vicki

Vicki thought she'd saved enough money, \$300, from her part-time job when she called the San Diego clinic to schedule an abortion. A single mother of three, she was used to having no medical insurance because it wasn't offered through her job, and a private plan would have cost most of her income. Then the clinic told her that because her children had all been born by C-section, she needed a specialized sonogram – to check for the location of the placenta – to insure her safety during the abortion. That would bring the total medical expenses to \$600.

Vicki was already at her credit card limit. She could not afford to take time off from work to apply for Medi-Cal, which covers abortions; she was afraid that it would cost not only the lost day, but possibly her job as well. As Vicki cried in shock on the phone, the counselor told her about an abortion loan fund to help cover her costs. She was very grateful and continues to pay the Fund back a little every month.



Rita

Rita had been using the injectable contraceptive Depo-Provera consistently for a year when she went for her fifth shot and found out she was 15 weeks pregnant. She had not menstruated the entire time, a common side-effect of the contraceptive. Rita was warned that the Depo-Provera may have damaged the fetus. Raising three children with only a public aid check and food stamps, Rita had no money leftover for an abortion. As it was, her monthly rent was more than her check and she had to sell some of her food stamps just to cover the rent.



Jessica

Jessica is on active duty in the military. She decided on abortion after the man by whom she became pregnant left her. She was afraid that trying to raise a child alone would cost her her career. Jessica's take home pay is low and her benefits are considered to be a major part of her salary. Champus, the health insurance offered by the military, does not cover abortions. Jessica was angry; the constitution that she fought to defend didn't seem to include her. That seemed especially ironic to her in a state where Medicaid funds abortions and other government workers are covered as well. A Fund in southern California helped her with the money.



Shirley

Shirley is a 35-year-old woman who lives with her five children and her alcoholic, unemployed husband in government housing on a total cash income of \$252 per month. There is no family planning in her small town, and no bus to the closest town with a family planning clinic. With great difficulty, she found a ride to the nearest clinic, intending to have Norplant inserted. Instead, she found out she was pregnant for the sixth time. Shirley was 12.5 weeks pregnant, one day away from needing a two-day procedure. She was also penniless. She knew instantly she wanted an abortion, but the family planning clinic did not do them. The friend who gave Shirley a ride to the clinic drove her to another clinic in Austin – a two hour drive – for the abortion. The Austin clinic contacted the Rosie Jimenez Fund on Shirley's behalf to pay for the procedure.



Stacey

Stacey is a 34-year-old woman with two children. Her husband is trying to finish college and look after the children while she works three part-time jobs. As with most part-time jobs, she has no medical insurance. Stacey and her husband both feel the time is wrong for another child. They were very upset to find out that not only could they not afford another child but neither could they afford an abortion. By looking in the yellow pages, Stacey found an abortion fund to turn to for financial help.



Sandra

Sandra was a 17-year-old junior in high school. She lived in a state that requires her to notify her parents if she plans to have an abortion. She knew she could not tell her parents because they are fundamentalists, and would never allow her to have an abortion if they found out. She was also afraid of violence, and of their not letting her go to college. Sandra confided in her school counselor, who referred her to a clinic. She saved money from her after-school job for several weeks before calling the clinic for an appointment.

Sandra discovered that she needed to raise enough money to take the train to a neighboring state, where there are no parental consent laws, and two nights in a hotel, since the clinic required her to stay within an hour's ride for each day it would take to complete the procedure. The abortion would cost much more than she expected, and she had to have it within two weeks or she would be too far along in her pregnancy. The clinic referred her to a local abortion fund for the remainder.

Tara

Last summer, Tara appeared at the Fund's office, with her husband and 6-year-old daughter in tow. She admitted to a drug problem and said her in-laws were practicing "tough love" by throwing her out. She'd been on the streets for a couple of days - it was all a blur. She had \$150 and wanted to get an abortion before she spent that on more drugs. The Fund gave her the number of a drug and alcohol hotline, and lent her \$250 - which they sent directly to the clinic - so she could get the abortion immediately. Nearly a year later, the Fund received this note:

"...I am very grateful to you for loaning me \$250 for an abortion procedure this past summer. At the time I was living in a motel and could not even feed my two children. I had to steal food and was arrested for it. My husband and I were in an active addiction to drugs and alcohol, and it wasn't long after the procedure that my children were taken and placed in a foster home. I now have 8 months sobriety with the help of NA and AA, and I have a new home that's stable. My kids came home on May 1st. I feel indebted to you but cannot afford anything to repay your services. Every day is a struggle to cover my bills."

Shelley

I'm on 900 mg. of Lithium a day, and I'm really scared there may be a chance there could be something wrong with the baby. I'm a single parent and am employed at the same time. I work part-time in day care, but I only bring home about \$60 a week.

Terry

I called the ACCESS hotline in San Francisco because I needed an abortion and was running out of time. I had been trying to get from my home outside Modesto to the clinic in Sacramento, but I had no transportation and no childcare for my three children. I had looked into taking a train, but I couldn't be away from my kids that long. I'd already missed a couple of appointments because I just couldn't put all the details together. I was sure I would not be able to get an abortion, and would have to have another child. As it turned out, I missed the cutoff for that clinic, and ACCESS referred me to the closest clinic that could help me - in Fremont, even further away. The clinic gave me their last appointment so I would be able to get the older two off to school before leaving.

ACCESS found all these people to help me - four, to be exact. One woman picked me up and drove me to the train station and paid for my ticket to Fremont. There, I stayed with another volunteer, Roberta, who put me up for two nights. Her daughter, Liz, who is my age, took care of my one-year old baby while I was at the clinic. It was comforting to be able to bring the baby - I'd never been away from my kids for so long. Then Joel arrived the last afternoon and drove us all back to Modesto. Roberta was so great - she jumped in the car and rode all the way home with us to keep me company.

I was so happy that I didn't give up and all these people stood by me and went out of their way to help. I never thought anyone would do anything like that for me. I'm usually the one everyone else relies on.

*I never thought anyone
would do anything
like that for me.
I'm usually the one
everyone else relies on.*

Tikea

Tikea was still 12 years old when she was raped on the way to school. Her mother Sheryl took her to the family doctor, fearing AIDS. Sheryl told the doctor that Tikea had menstruated once, and assumed that the tests they ran included one for pregnancy. They were relieved when the nurse called to say "everything was OK." Their main concern now was helping Tikea deal with the trauma of the rape.

She was shocked that her private insurance would not pay for an abortion in any circumstances except to save Tikea's life.

As time passed, Sheryl noticed Tikea was putting on weight. Despite the doctor's reassurances over the phone, she took Tikea to a hospital emergency room, which diagnosed a pregnancy of 19 weeks. Sheryl was even more shocked to find that the private insurance she had through her job would not pay for an abortion in any circumstances except to save Tikea's life. An appeal to their "ethics committee" by the family physician was turned down. Sheryl needed to raise \$1200 immediately, for an abortion in a hospital. She used the family's entire \$800 savings, and borrowed \$450 from the abortion loan fund, which she paid back over the following year.

Nikki

Nikki was a fifteen-year-old whose mother, a crack addict, sold all of Nikki's belongings to pay for drugs. Nikki's home had become extremely dangerous as her mother's drug habit escalated. With no more belongings to sell, Nikki watched her mother begin to prostitute herself. As if her life wasn't difficult enough, Nikki found out she was pregnant. She believed she was too young to care for a child, and wanted to finish high school so she could "be somebody." With no hope and no money, she presented herself at a shelter and said she needed a safe place to live. The shelter helped her get in contact with the Vivian Campbell Fund in Pittsburgh, Pennsylvania.

Lynnette

Lynnette was a 14-year-old Delaware girl. She and her eight siblings were all placed in foster care with relatives or foster families. In her second trimester, Lynnette revealed to a state Family Service worker that she had been sexually abused by her father, a drug abuser who is HIV+. She was feeling suicidal and was hospitalized briefly. Because of the incest, the abortion should have been covered by Medicaid, but the only clinic that took Medicaid required parental consent. The state, which had custody of Lynnette but not guardianship, spent two weeks trying to track down Lynnette's mother. Eventually, caseworkers gave up and decided to take her to another clinic which did not require parental consent – but did not take Medicaid. Because of the time that elapsed, the Delaware Pro-Choice Medical Fund paid \$1000 for Lynnette's late abortion.